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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

MAINE ETHICS COMMISSION

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name Seth Bern		Office: D House D Senate				
Name Seth Bern Mailing address 1245 River Ry City zin code		District 67				
City, zip code Bowshinhan ME 04008		Phone (207) 737 - 4149				
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER						
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.						
Name of Employer	Address	Principal Type of Economic Activity of Employer				
State of Maire Legislature	2 State House Station Augusta ME 04333	state legislator				
CARLAGO POR ABBARARANA INC.						
	ERIVED FROM SELF-EMPLOYMEN itors who are self-employed.)					
 A. List the name and address of your business, if any, an associated with a partnership, firm, professional association entity. 	d list the major areas of economic activity on, or similar business entity, list the majo	r from which you derived income. If or areas of economic activity of that				
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)				
Name: Address:	OUTLANDING ALEXANIA					
Name: , Address:						
100 - 1 - 100 - 10						

	THE RESERVE OF THE PROPERTY OF	> -	
PART 2 (continued). INCOME DERIVED (For Legislators who are se		MENT	
B. List each source of income derived from self-employment that represent greater, and specify the principal type of economic activity of the entity or disclosure is prohibited by law, rule, or an established code of professional entity or person from whom the income was derived.	s more than 10% of your g	erived such income. If this form of	
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income		
Name: Address:			
Address:			
PART 3. MAJOR AREAS (For Legislators who are attorn	eys-at-law only.)		
List your major areas of practice. If associated with a law firm, list the major	areas of practice of your fir Major Areas of Prac	Andrest State (Company of the Company of the Compan	
Name and Address of Firm	(self)	(firm)	
Name:		A distribution	
Address:		2000	
	ndrill Arthrillion de Germ Gisch die hitch die Stehend Electrical bei Lechnissen who me due Lactum ann af a professional profession profession.	132000 n Nith and 174 A 175 A	
Name: Address:			
/ Address.			
PART 4. OTHER SOURCE	s of Moone		
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of the source of the sou		fts. If none shock the box	
	ills form. Do not include gr	IIS. II HOHE, CHECK THE DOX.	
None Name and Address of Source		Kind of Income (investments, leases, etc.)	
Name:	1970. Английн Алимин и штөөөлөө уучин хоргууларчунун уучуу уучуу барагаар суучуу барагаар суучуу барагаар суучу	ATTENDEN MENTEN MENTEN MET PROTES AMERICA VALLA PER PARAMANA AMERICAN TENENTE DE SANCTION DE CONTRACTOR MENTEN	
Address:	0200055 Parameter		
	namen (vitalista) (vitalista) kan	мести в помента в применения в п	
Name: Address:	- Command A Sa		
Audiess.			
PART 5. REPORTABLE	LIABILITIES		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that	98 (9 8-48) - 63 (53) (53) (53) ₍ 63) (63) (63) (64)	reporting period, and list the major	
areas of economic activity of each creditor. Do not list credit card liability or	oans from a relative. If non	ie, check the box.	
None			
Name and Address of Creditor		Principal Type of Economic Activity of Creditor	
Name:		от в домно в домно в се неменения от неменения на неменения в домно в домно в домно в домно в домно в домно в д Неменения в домно в д	
Address:	Noneytilabynniciski		
		чените по при	
Name:	Radokoli e esteri		
Address:	Š.		

PART 6.	REPORTABLE GIFTS			
List the specific source of each gift of more than \$300. Including none, check the box.	ude gifts with an aggregate v	ralue of more	e than \$300 from a single source. If	
☐ None	and the second s		The manufacture and the ma	
Name of Source of Gift 1.	Name of Source of Gift 3.			
2.	4.	international and the second s	underhalten der gemeine dem mit som et stort stort verste verste verste verste verste det de de de de sisse di	
	EPORTABLE HONORARI			
List the source of any honoraria accepted for appearances or None	speeches related to your leg	islative respo	onsibilities. If none, check the box.	
Name of Source of Honoraria		Name of Soi	urce of Honoraria	
terminenta proporte en esta positiva esta esta esta esta esta esta esta est	at kikiri interiori interiori interiori interiori interiori interiori interiori interiori interiori interiori I	This is the first of the control of		
2.	4.	malais Vivusta II valusta falt falt turitu est far	AN COME AND COME COME CONTROL OF COME AND COME AND COME AND AN AND AND	
PART 8. REPRESENT	TATION BEFORE STATE	AGENCIES		
List each executive branch agency before which you represe	ented or assisted others for o	ompensation	of any amount. If none, check the	
□ None	arkininense garrinu aninci ine enjantis vjetis užiekoja elektroja kiji kiraba (incideli vii infraktavii) vii Poliniava pr	erber Streinenheiteranlichte. Amühalira erbeneret auf neuen a	Nillanda колитина опинадане; чанорична учанично и уступурную учуную (Ууу, Суун, 1924; Облук В МОДИН (МОРРИДУ)	
Name of Agency		Name	of Agency	
1.	3 .			
2.	4.			
PART 9. BUSIN	IESS WITH STATE AGEN	CIES		
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.	er of your immediate family s	sold goods o	r services with a value in excess of	
□ None	iatet til til til store til der der store til stor		tterkindelidet helde vil dette handelidet helde til det helde til hende til det hende til det helde til det he	
Name of Agency	n that distributed the simple that is not the register or a factorized at the mail are under security the mail of the simple that is a factorized at the sim	Name	of Agency The second of the s	
1.	3.			
2.	4.	inantanakanakan kalaitota (Popinia) Popinia (Popinia) Popinia (Popinia)	and the section of th	
PART 10. INCOME RECEIVE	ED BY MEMBERS OF IMM	MEDIATE F	AMILY	
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	l of income represented. If y	received by our spouse o	your spouse or domestic partner or or domestic partner received \$1,000	
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship	Kind of Income	
Name:	1.	Spouse or	1.	
Job Title:	 3. 	Domestic Partner	2. 3.	
		Dependent		
If dependent child(ren) receive more than \$1,000 of income		Child Dependent		
for the reporting period, list only the type of economic activity and the kind of income.	- 2000/18/10/19/10/10/10/10/10/10/10/10/10/10/10/10/10/	Child		
		Dependent Child		

List any for-profit or nonprofit corporation, firm, association, pa any office, trusteeship, directorship, or position of any nature. was compensated. If a family member listed, indicate your relationship	Indicate whether you o	or a family held the	position and whethe	
☐ None	A COLOR OF THE PROPERTY OF THE	осточностинатизоння политический политически		
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
New England Secondary Schools Consortium	Advisory book	self		No
Microsof United Way	Advising	self		NO
Maire Children's Growth	member	self		NO
	SIGNATURE			
A Legislator who willfully fails to file a required statement	is subject to a fine o	of up to \$100. (1 f	M.R.S.A. § 1017-A	<u></u>
The intentional filing of a false statement is a Class E cri willfully filed a false statement, it shall refer its findings of	me. If the Commissi fact to the Attorney	ion concludes tha General. (1 M.R.	it it appears that a S.A. § 1019)	Legislator has
Sull Ren		1/7/10		
Signature		/ / D)ate	
	ONAL INFORMATIO			
Please provide any additional information below (and on the information you are providing.	i additional sneets ii	needed). Indicat	e the part or secu	on number for
Part/Section Number	Simplemental State (Control 12) American Assistant American American American Institute American State (Control 12) American Amer		omening der einste verkelte sich der die State in der der der verkeit 11 % des betrechtet	All Antiblica Libraria and antibodic announce and an incention and demonstration of
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PART 11. OFFICER OR DIRECTOR POSITIONS